

Prepare in  
triplicate

FORM 4640  
(SEPTEMBER 1970)  
DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE

# REMITTANCE TRANSMITTAL (Alcohol, Tobacco and Firearms)

See instructions on back

Check this  
block

TO: ☐ DISTRICT DIRECTOR OF INTERNAL REVENUE  
☐ DIRECTOR OF INTERNAL REVENUE SERVICE CENTER

Enter address  
of your  
District  
Director

CITY AND STATE

## FOR SERVICE CENTER USE ONLY

DOCUMENT LOCATOR NUMBER

TOTAL TAX

\$

TOTAL PENALTY

\$

TOTAL INTEREST

\$

TOTAL ASSESSMENT

\$

The remittance described herein is for an unassessed liability and is transmitted for deposit to the account of the proprietor shown below. The amount of the remittance should be posted to the abstract number shown in either PART II, item 5(d), or PART IV, item 14. Please acknowledge receipt as outlined in the instructions.

## PART I - IDENTIFICATION OF PROPRIETOR

1. NAME AND ADDRESS OF PROPRIETOR

2. KIND OF PREMISES

3. REGISTRY OR PERMIT NUMBER

4. EMPLOYER IDENTIFICATION NUMBER

## PART II - PROPRIETOR'S IDENTIFICATION OF LIABILITY

### 5. AMOUNT OF LIABILITY

PRODUCT (a)	QUANTITY (b)	LIABILITY (c)	ABS. NO. (d)	PRODUCT (a)	QUANTITY (b)	LIABILITY (c)	ABS. NO. (d)
Cigars, Class A		\$	105	Cigars, Small		\$	112
Cigars, Class B			106	Cigarettes, Large			114
Cigars, Class C			107	Cigarettes, Small			115
Cigars, Class D			108	Cigarette Papers			119
Cigars, Class E			109	Cigarette Tubes			120
Cigars, Class F			110	TOTAL LIABILITY (Enter also in item 9 below)		\$	
Cigars, Class G			111				

6. DESCRIBE HOW AND WHEN LIABILITY WAS INCURRED (Continue on back if necessary)

## PART III - AMOUNT AND FORM OF REMITTANCE

7. FORM OF REMITTANCE

- ☐ POST OFFICE MONEY  
ORDER NO. \_\_\_\_\_  
☐ CHECK NO. \_\_\_\_\_  
☐ OTHER (Specify) \_\_\_\_\_

8. NAME AND ADDRESS OF BANK OR POST OFFICE  
ON WHICH DRAWN

9. TOTAL TAX LIABILITY

\$

10. PENALTY

\$

11. INTEREST

\$

12. AMOUNT OF REMITTANCE

\$

## PART IV - ASSISTANT REGIONAL COMMISSIONER'S IDENTIFICATION OF LIABILITY

13. LIABILITY ESTABLISHED ON BASIS OF

- ☐ AUDIT OF FORM NO. \_\_\_\_\_, SERIAL NO. \_\_\_\_\_  
☐ REVIEW OF INSPECTION REPORT OR ENFORCEMENT CASE REPORT DATED \_\_\_\_\_

14. APPLICABLE ABSTRACT  
NO. (From Form 1965)

## PART V - ASSISTANT REGIONAL COMMISSIONER OR PROPRIETOR'S SIGNATURE

15. SIGNATURE AND TITLE

16. DATE

Execute  
Part V

## INSTRUCTIONS

FORM 4640 (9-70)

1. This form is used to transmit remittances for unassessed liabilities (liabilities where the proprietor has not received notification of tax due from the Regional Service Center) to the District Director or Director of the Internal Revenue Service Center, as appropriate. It may be used by either the Assistant Regional Commissioner (Alcohol, Tobacco and Firearms) or by the proprietor submitting the remittance. The proprietor will complete Parts I, II, III, and V of the form in triplicate,

retain one copy, and forward the original and one copy, with the remittance, to the District Director. The Assistant Regional Commissioner will complete Parts I, III, IV, and V of the form in triplicate, retain one copy, and forward the original and one copy, with the remittance, to the Director of the Internal Revenue Service Center.

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